

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 02-22-2008

Address: 1423 S. CR 600 E

Case #: 32F28255

Sullivan, IN

County: Sullivan

47882

Type of Laboratory Seizure (check one)

- ☐ Operational Lab
☒ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☒ Residence
☐ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☒ Open No Structure
☐ Other:

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: House and Beside House
☒ Water Reactive Metal (Lithium): Beside House
☒ Anhydrous Ammonia: Beside House
☒ Hydrochloric Acid Gas Generator(s): Beside House
☒ Corrosive Acid: House and Beside House
☐ Corrosive Base: _____
☐ Other (item and location): _____

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☐ Other: Assist other agency

This report is to be faxed to the following agencies that serve the location:

Fire Department: Dugger VFD

Fax: 812-648-2949

Health Department: Sullivan County

Fax: 812-268-0423

Child Protection Service: N/A

Fax: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: S/Tpr Ritch Reynolds Phone 812-299-1151

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.